

# WASHINGTON SPECIAL FUEL BLENDER TAX RETURN

# SB

Fuel Tax Section  
PO Box 9048  
Olympia WA 98507-9048  
(360) 664-1852

<b>A. REPORTING PERIOD</b> Year: _____ Month: _____		FOR VALIDATION ONLY -- 108-030-116-0001	
<b>B.</b> <input type="checkbox"/> No Operations this period <input type="checkbox"/> Name Change <input type="checkbox"/> Amended Return <input type="checkbox"/> Address Change		VALIDATED POSTMARK DATE  <b>D.</b> Cancel license  Effective Date _____	
<b>C.</b>		<b>Account #</b>	

1 Beginning physical inventory	1		
2 Fuel received (total from Schedule A on reverse)	2		
3 Ending physical inventory	3		
4 Total gallons distributed (line 1 + line 2 - line 3)	4		
5 Tax exempt gallons (total from Schedule B on reverse)	5		
6 Taxable gallons (line 4 - line 5)	6		
7 Washington power take-off credit gallons *	7		
8 Allowed tax-paid credit gallons (Schedule D, line D4)	8		
9 Net taxable or credit gallons (line 6 - line 7 - line 8)	9		
10 Special fuel tax (line 9 x tax rate)	10		
11 Penalty after 25th of month (line 10 x 10%)	11		
12 Sum of line 10 + line 11	12		
13 Interest (line 12 x 1%)	13		
14 Total fuel tax liability (line 12 + line 13)	14		
15 Previous payments (Amended returns only)	15	(       )	
16 If total of lines 14 - 15 is greater than zero, amount owed	16		
17 If total of lines 14 - 15 is less than zero, net refund amount	17	(       )	
<b>EFT payment</b>			

## PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

<b>SIGNATURE REQUIRED</b> I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.			
Signature _____	Title _____		
Print Name _____	Date _____	Phone (    ) _____	
Contact Name _____		Phone (    ) _____	

# WASHINGTON SPECIAL FUEL BLENDER TAX RETURN

Name \_\_\_\_\_ Account/License no. \_\_\_\_\_

## SCHEDULE A - FUEL RECEIVED

A1	Gallons purchased/received tax paid * (Copy to line D2)	A1	
A2	Gallons purchased/received non-taxed *	A2	
A3	Gallons of blend stock received/used *	A3	
A4	Other ** (explain)	A4	
Total fuel received (sum of lines A1 through A4)			

## SCHEDULE B - TAX EXEMPT GALLONS

B1	Sales to Washington licensed Suppliers *	B1	
B2	Sales to exempt public agencies/offices *	B2	
B3	Sales to foreign governments *	B3	
B4	Washington off-highway gallons	B4	
B5	Special fuel blended in non-fuel products *	B5	
B6	Sales to Distributors/IFTA carriers with authorization *	B6	
B7	Non-Dyed Diesel Rebranded to Dyed Diesel *	B7	
B8	Other ** (explain)	B8	
Total exempt gallons (sum of lines B1 through B8)			

## SCHEDULE C - DYED DIESEL SALES

Dyed Diesel Sales in Washington only	
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## SCHEDULE D - TAX PAID FUEL CREDIT GALLONS

D1	Beginning inventory tax-paid fuel	D1	
D2	Gallons purchased/received tax paid * (same as line A1)	D2	
D3	Ending inventory tax-paid fuel	D3	
D4	Tax-paid credit gallons on fuel distributed (line D1 + line D2 - line D3)	D4	

\* Support schedule required

\*\* One support schedule for each category required